



**City of Whittier  
Business License  
Application YR 2024-25**

**DEPARTMENT USE ONLY**

License #: \_\_\_\_\_

NEW                       RENEWAL  
 PTBT     SALES TAX     NON-FILER

**Licenses issued for the period of two calendar years (January 1 – December 31).**

**THE NON-REFUNDABLE BUSINESS LICENSE APPLICATION FEE IS \$50.00.**

Please make checks payable to the **City of Whittier** or call (907) 472-2327 Ext. 201 for credit card payment.

*Note: You must have a valid Alaska state business license before a City of Whittier business license can be issued. (Please include a copy).*

**ATTN: PLEASE USE DROP-DOWN ARROWS FOR REPORTING YEAR. \*RECEIVED FORM WILL NOT BE CORRECTED IF REPORTED INCORRECTLY.\***

Business Name: \_\_\_\_\_ DBA: \_\_\_\_\_

AK Business License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Nature and description of business: \_\_\_\_\_

Will this business be selling liquor?  YES     NO                      Hotel/Motel/B&B?     YES     NO

Corporation or Limited Liability Company (LLC)

Corporation Name: \_\_\_\_\_ EIN: \_\_\_\_\_

Sole Proprietorship  
Proprietor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Partnership, Limited Liability or Limited Partnership  
*Please provide the social security number of the primary partner and the names of the first two partners.  
If there are more than two partners, please attach a complete list of partner names.*

Partner #1: \_\_\_\_\_ SSN: \_\_\_\_\_

Partner #2: \_\_\_\_\_ SSN: \_\_\_\_\_

*\*Have you been issued a City of Whittier Business License under a different name?*     Yes     No

*If yes, please provide name of Business:* \_\_\_\_\_ *Account Number:* \_\_\_\_\_

*Description of Business Tax Reporting:*     Sales Tax                       Passenger Transportation Business Tax

**This application must be completed in its entirety.** This application must be signed and dated by the person completing this application on behalf of the business and must state the person's title or position in the business.

**I declare, under penalty of perjury, that this application is true and complete.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

Send application to:    City of Whittier  
P.O. Box 608  
Whittier, Alaska 99693

[receptionist@whittieralaska.gov](mailto:receptionist@whittieralaska.gov)  
Phone: (907) 472-2327  
Fax: (907) 472-2404

*City of Whittier Received Date:* \_\_\_\_\_